.PA

ATENT APPLICATION FEE DETERMINATION REC Effective October 1, 2003	1 ''	39588
CLAIMS AS FILED - PART I	SMALL ENTITY	OTHER TH

(Column 1) (Column 2)						SMALL E TYPE T	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			120	7	1,001.		RATE	FEE	1	RATE	FEE
FOR		NUMBER	NUMBER FILED		ER EXTRA	BASIC FEE	 	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			39 minus 20=		•		XS 9=		OR	X\$18=	
INI	DEPENDENT C	LAIMS	3 minus 3 = *			X43=	 	OR	X8G=		
MULTIPLE DEPENDENT CLAIM PRESENT						+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							TOTAL.		OR	TOTAL	 j
							TOTAL		.On	OTHER	THAN
						(Column 3)	SMALL	ENTITY	OB	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESEUT EXTRA	RATE	AUDI TIONAL FEE		RATE	ADDI TIONAL FEE
	Total	. 29	Minus	Ó	9	2	XS 9=		OR	X\$18=	
	Independent	. 2	Minus	***	<u> </u>	=	X43≈		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+145=		OR	+290=	
		•					TOTAL			TOTAL	
		(Column 1)		(Calor	m Oi	(Caluma 2)	ADDIT FEE		OR	ADDIT FEE	
-		(Column 1) CLAIMS	T .	(Colur High		(Column 3)			ì	·	ADDI-
ENT B		-REMAINING AFTER AMENOMENT		NUMI PREVIO PAID	DUSUr	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Totai		Minus	**		-	XS 9:		OR	X\$18≈	
ME	Inaependent	*	Minus	***		=	X43=		OR	X86=	
. •	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM				On		'
				•			. +145a		OR	+290==	
							TOTAL BET TIDDA		OR	ADDIT FEE	
	 	(Column 1)		(Colur		(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	AUÜI- TIONAL• FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	RR "		2.	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	X43=		OR	X86=	
٩	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM				Oh		
	I the cotruin action	mo 1 is loss than th	o ootry is ostii	mn 2 shelle	."O" in n=1	luma ?	+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL	1
									OH	ADDIT. FEE	